

Trade Readjustment Allowance Questionnaire - Claimant

Claimant Information:

Last Name:

First Name:

MI:

ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

A. Break in Training

The department has received information regarding your eligibility for Trade Readjustment Allowance. Adversely affected workers are considered as participating in training during any week which is part of a break in training that does not exceed 30 days, which excludes Saturday, Sunday, and official State or National holidays not scheduled for training, provided that he/she participated in approved training immediately before the beginning of the break and resumed participation in approved training immediately after the break ends, which was provided in the established schedule of the training provider. The information that you provide will be used in determining whether you are eligible for Trade Readjustment Allowance during or following a break in your training.

B. Remedial TRA

The department has received information regarding your eligibility for Trade Readjustment Allowance. Remedial TRA is payable only for up to 26 consecutive calendar weeks beginning with the first week following the week the adversely affected worker exhausted all rights to additional TRA in order to complete his/her training program and may be paid only for the number of weeks that the program of remedial education caused the training program to extend training, and only for the period in which additional TRA is payable under 19 USCS 2292. The information that you provide will be used in determining whether you are eligible for continuing Trade Readjustment Allowance.

C. Refusal of Work

The department has received information regarding your eligibility for Trade Readjustment Allowances. An adversely affected worker enrolled in or participating in an approved training program who refuses to apply for or accept a work/referral from an employing unit or the Employment Service because such work would require discontinuation of approved training or, when added to the number of hours of approved training would occupy more than 8 hours a day or 40 hours a week is not subject to a disqualification from benefits for a refusal of such work. If not in approved training, an adversely affected worker must accept any offer of suitable work as defined in Section 603 of the Illinois Unemployment Insurance Act and apply for any suitable work the individual is referred to by the State Agency. The information you provide will be used for the purpose of determining your eligibility for benefits.

D. Voluntary Leaving

The department has received information regarding your eligibility for Trade Readjustment Allowance. An individual may quit unsuitable work in order to begin or continue approved training. The information that you provide will be used in determining whether the disqualification for refusing suitable work applies to you.

Please complete, sign and return this Questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: TRA Break in Training Information

Are you currently on a scheduled break from your approved training program?	Yes	No
If Yes, what is the starting and ending date of your break? Start: / / End: / /		
Were you participating in training immediately before the beginning of the scheduled break?	Yes	No
If No, please explain:		
Will you resume participation in training immediately after the break ends?	Yes	No
If No, please explain:		

Section B: Remedial TRA Information

Program of remedial education means training that is designed to enhance the employability of an adversely affected worker by upgrading basic knowledge through such courses as adult basic education, basic math and literacy, English as a second language, high school equivalency, etc.

Are you currently participating in an approved TAA training program?	Yes	No
If Yes, what is the beginning and completion date? Beginning: / / Ending: / /		
Prior to your participation in the approved TAA training, did you participate in a remedial education program?	Yes	No
If Yes, what is the beginning and ending date of the remedial training? Start: / / End: / /		

Section C: TRA Refusal of Work Information

Did you receive an offer of work or a referral from the Employment Service or an employing unit? Yes No

If No, please skip to Section E, no further questions are required.

What is the name and address of the employing unit making the offer/referral, regardless of whether the offer/referral came from the employing unit or the Employment Service?

Employer Name:

Address:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

What is the Name and Title of the person who made the offer?

How was the offer conveyed? (Check all that apply)

In Person

Telephone

Letter

E-Mail

Other: (Please Explain)

What was the date of the offer of work or referral to job? / / What was the start date? / /

What were the scheduled hours and days of work? (Hours) (Days)

What was the starting rate of pay? \$ Per: (Hr/Day/Week/Etc)

What was your ending rate of pay with the trade impacted Employer? \$ Per: (Hr/Day/Week/Etc)

You must provide a copy of your most recent pay stub.

What was the work location?

What was the job title?

What were the job duties?

What education and/or training was required for the job?

What were your job duties with the trade impacted employer?

What education and/or training was required to perform your job with the trade impacted employer?

Did you refuse the offer of work or referral? Yes No *If No, please skip to Section E, no further questions are required.*

What was the reason for the refusal of work/referral?

Have you worked for this employer before? Yes No

If No, then skip to the question 'What efforts did you make to overcome the circumstances...?'

Was the offer of work a recall with the trade impacted employer to perform the same or essentially the same job? Yes No

Was the recall expected to be permanent? Yes No

What were the beginning and ending dates? From: / / To: / /

Please provide details of the past employment with this employer including dates of employment, job duties, and reason of separation.

What efforts did you make to overcome the circumstances that prevented you from accepting the employment or referral?

Are you enrolled in or participating in a TAA approved training program? Yes No

If Yes, what is the beginning and completion date? Beginning: / / Completion: / /

Section D: TRA Voluntary Leave / Unsuitable Work Information

What was your last day worked? / / When did you decide to leave? / /

What made the work unsuitable?

What type of work were you performing for this job?

What education and/or training was required for this job?

What type of work were you performing with the trade impacted employer?

What education and/or training was required to perform your work with the trade impacted employer?

What was your rate of pay for this employer? \$ Per: (Hr/Day/Week/Etc.)

Provide a copy of your most recent pay stub.

What was your ending rate of pay with the trade impacted Employer? \$ Per: (Hr/Day/Week/Etc.)

You must provide a copy of your most recent pay stub.

Are you enrolled in or participating in a TAA training program? Yes No

What is the start date of the training program? / /

Section E: Signature

Signature:

Date:

Name: (printed)

Telephone Number: